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Across The Boards

The Vital Role of a Therapist in Facilitating Twelve – Step Recovery

"I think of addiction as the sacred disease...Very probably, God created alcoholism in order to create AA, and thereby spearhead the community movement which is going to be the salvation not only of alcoholics and addicts, but of us all."
-M. Scott Peck, M.D.

Twelve Step Facilitation is an evolving modality for substance use disorder treatment that also reflects the shift in psychotherapy to incorporate more of a contemporary healing approach. The combination of 12-step recovery programs, a facilitating therapist, and traditional as well as contemporary therapy to address the deeper issues that arise in the course of long-term recovery appears to be the full embodiment of encouraged treatment for the recovering individual. Twelve Step Facilitation (TSF) as defined by the National Institute on Drug Abuse consists of a structured approach to facilitate early recovery from alcohol abuse/ alcoholism and other drug abuse/addiction. This particular treatment modality is intended to be implemented on an individual basis in 12 to 15 sessions and is based in behavioral, spiritual and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). It is suitable for problem drinkers and other drug users and for those who are alcohol or other drug dependent. This model can also be helpful with other addictions such as food related addiction, gambling (including compulsive debt and spending), sex addiction, and codependency.
TSF is based on certain principles that follow from the 12 traditions of AA. Therefore, in order for potential therapists to facilitate twelve step treatment, it is important for them to reflect on these principles and to "work through" any reactions or struggles they may have with the principles prior to beginning client-based interventions. The facilitator in the TSF treatment model is more truly a facilitator of change than an agent of change. The true agent of change (i.e., sustained sobriety) lies in active participation in 12-step fellowships like AA and NA along with the principles set forth in the 12 steps and 12 traditions that guide these fellowships. The best TSF facilitators have client-centered therapeutic skills, including unconditional positive regard and active listening skills, combined with a good working knowledge of 12-step philosophy and the practicalities of getting active in 12-step fellowships. The TSF facilitator establishes a collaborative relationship with the client and utilizes confrontation in a constructive, non-punitive manner.

Although it is manual guided, TSF requires considerable clinical skill to implement properly. Issues in implementation include the ability to stay focused, maintain structure within each session, and engage in constructive confrontation. It is recommended that facilitators treat a minimum of two complete cases (minimum of eight sessions each) under clinical supervision prior to attempting to conduct TSF unsupervised. TSF facilitators need not be in recovery personally. Any serious TSF facilitator, however, should have read all AA/NA literature that clients will be asked to read and should be familiar with at least AA and Al-Anon meetings from personal experience (minimum of six meetings each). In addition, it is not recommended that a facilitator whose own views are unsympathetic to the primary goals of TSF (e.g., abstinence, active involvement in 12-step fellowships) seek to implement this model, for obvious reasons.

TSF has been implemented exclusively in the context of outpatient treatment, although it has been used with both individuals who have never sought treatment before (true outpatients) and those who had previous inpatient treatment (aftercare clients). The model is flexible enough, consisting of both core and elective programs, to accommodate both of these client groups. However, since TSF relies heavily on client involvement in community-based 12-step meetings, it would be less ideally implemented in an inpatient setting. TSF can easily be integrated into a general mental health outpatient clinic. TSF may be utilized in combination with supportive pharmacotherapy.

The TSF facilitator will:

- Help the client assess his or her alcohol or other drug use and advocate abstinence.
- Explain basic 12-step concepts (e.g., surrender, higher power).
- Advocate and actively support and facilitate initial involvement in AA/NA.
- Facilitate ongoing participation (e.g., getting a sponsor).
- Suggest and discuss specific readings from AA/NA literature.
- Conduct two conjoint sessions if the client has a significant other.

- Help the client learn to use AA/NA as resources in times of crisis and to support and celebrate sobriety.
- Help the client (time permitting) develop an initial understanding of more advanced concepts such as moral inventories.

TSF is similar to many cognitive-behavioral therapies in that it is focused and requires the facilitator to be fairly directive while still maintaining good rapport. The TSF facilitator is directive in the following ways:

- The focus of therapy is on early recovery. The facilitator does not allow the focus to drift onto other issues (e.g., relationship or work problems) even if these are significant. The facilitator validates other concerns and helps the client develop an overall treatment plan to deal with them but maintains the focus of TSF.
- The client's reactions to assignments and meetings are considered very important. In TSF the facilitator needs to solicit specific feedback from the client.
- Each TSF session has a specific topic (core, elective, or conjoint) that includes a specific agenda to be covered. Although a given topic may require more than one session to cover, and while the facilitator needs to be somewhat flexible in his or her agenda, the facilitator must also take responsibility for controlling the content and flow of sessions.
- Each TSF session follows a set format for whichthe facilitator is responsible. Again, there is some flexibility, but the facilitator does not simply allow the client to set agenda.

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Resources

Norwinski, J.; Baker, S:; and Carroll, K. Twelve-Step Facilitation Therapy Manual: A Clinical Research Guide for Therapists and Individuals With Alcohol Abuse and Dependence. Project MATCH Monograph Series Vol. 1. DHHS Publication No. (ADM) 92-1893. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, 1992.

Norwinski, J. & Baker, S. (2003). The twelve-step facilitation handbook : A systematic approach to recovery from alcoholism and addiction. Center City, MN: Hazelden.